

# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

## FORM C/OH COVER SHEET PG 1

The C/OH instruction Guide explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission Filers)

2 Total pages filed:

9

3 CANDIDATE /  
OFFICEHOLDER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Lisa Carpenter Prewitt

OFFICE USE ONLY

Date Received

City Clerk

JAN 14 2014

4 CANDIDATE /  
OFFICEHOLDER  
MAILING  
ADDRESS

ADDRESS / PO BOX;

APT / SUITE #;

CITY;

STATE;

ZIP CODE

619 Maury St  
San Marcos, TX 78666☐ change of address

City of San Marcos

Date Hand-delivered or Postmarked

5 CANDIDATE/  
OFFICEHOLDER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 644-8967

Receipt #

Amount

Date Processed

6 CAMPAIGN  
TREASURER  
NAME

MS / MRS / MR

FIRST

MI

NICKNAME

LAST

SUFFIX

Ms. Jane G. Hugheson

Date Imaged

7 CAMPAIGN  
TREASURER  
ADDRESS  
(residence or business)

STREET ADDRESS (NO PO BOX PLEASE);

APT / SUITE #;

CITY;

STATE;

ZIP CODE

1600 N LBJ Dr  
San Marcos, TX 786668 CAMPAIGN  
TREASURER  
PHONE

AREA CODE

PHONE NUMBER

EXTENSION

(512) 396 8107

9 REPORT TYPE



January 15



30th day before election



Runoff

15th day after campaign  
treasurer appointment  
(officeholder only)

July 15



8th day before election

Exceeded \$500  
limit

Final report (Attach C/OH - FR)

10 PERIOD  
COVERED

Month

Day

Year

10 / 27 / 2013

THROUGH

Month

Day

Year

12 / 31 / 2013

11 ELECTION

Month

ELECTION DATE  
Day

Year

/ /

ELECTION TYPE



Primary



Runoff



General



Special

12 OFFICE

OFFICE HELD (if any)

San Marcos  
City Council  
Place 1

13 OFFICE SOUGHT (if known)

GO TO PAGE 2

# **CANDIDATE / OFFICEHOLDER REPORT: SUPPORT & TOTALS**

**FORM C/OH  
COVER SHEET PG 2**

14 C/OH NAME

Mrs. Lisa Carpenter Prewitt

15 ACCOUNT # (Ethics Commission Filers)

16 NOTICE FROM  
POLITICAL  
COMMITTEE(S)

THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.

COMMITTEE TYPE

☐ GENERAL☐ SPECIFIC

COMMITTEE NAME

COMMITTEE ADDRESS

COMMITTEE CAMPAIGN TREASURER NAME

COMMITTEE CAMPAIGN TREASURER ADDRESS

☐ additional pages17 CONTRIBUTION  
TOTALS

1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED

\$ 405.00

2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)

\$ 2,388.04

EXPENDITURE  
TOTALS

3. TOTAL POLITICAL EXPENDITURES OF \$100 OR LESS, UNLESS ITEMIZED

\$ 125.85

4. TOTAL POLITICAL EXPENDITURES

\$ 3,555.82

CONTRIBUTION  
BALANCE

5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY OF REPORTING PERIOD

\$ 12.94

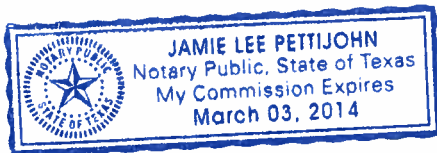
OUTSTANDING  
LOAN TOTALS

6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD

\$ 0

18 AFFIDAVIT

I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under Title 15, Election Code.



*Lisa Prewitt*

Signature of Candidate or Officeholder

AFFIX NOTARY STAMP / SEAL ABOVE

Sworn to and subscribed before me, by the said Lisa Prewitt, this the 14th day of January, 20 14, to certify which, witness my hand and seal of office.

*Jamie Lee Pettijohn*

Signature of officer administering oath

Jamie Lee Pettijohn

Printed name of officer administering oath

City Clerk

Title of officer administering oath

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: 3

2 FILER NAME

*Mrs. Lisa Carpenter Prewitt*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*10/31/  
2013*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*V.J. and W.L. Barber*

6 Contributor address; City; State; Zip Code

*558 Eden Ranch Rd  
San Canyon Lake, TX 78133*

7 Amount of contribution (\$)

*\$1000*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*11/1/  
2013*

Full name of contributor

☐ out-of-state PAC (ID#)

*Jane Hughson*

Contributor address; City; State; Zip Code

*1600 N LBJ  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$3000*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/26/  
2013*

Full name of contributor

☐ out-of-state PAC (ID#)

*James Garber*

Contributor address; City; State; Zip Code

*104 Canyon Fork  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$59.53*

In-kind contribution description (if applicable)

*printing  
expenses*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/24/  
2013*

Full name of contributor

☐ out-of-state PAC (ID#)

*James Garber*

Contributor address; City; State; Zip Code

*104 Canyon Fork  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$30.25*

In-kind contribution description (if applicable)

*Food  
Expense*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*11/5/2013*

Full name of contributor

☐ out-of-state PAC (ID#)

*Paul Murray*

Contributor address; City; State; Zip Code

*102 Barclay  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$183.26*

In-kind contribution description (if applicable)

*Food  
Expense*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

*Mrs Lisa Carpenter Prewitt*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*10/24/  
2013*

5 Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*James Garber*

6 Contributor address; City; State; Zip Code

*104 Canyon Fork  
San Marcos, TX 78666*

7 Amount of contribution (\$)

*\$500.00*

8 In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*10/24/  
2013*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*William L. Fly*

Contributor address; City; State; Zip Code

*P.O. Box 1353  
San Marcos, TX 78667*

Amount of contribution (\$)

*\$250.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/27/  
2013*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Greg A. Frank*

Contributor address; City; State; Zip Code

*203 W Hillcrest Dr  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/27/  
2013*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Greg Frank Campaign*

Contributor address; City; State; Zip Code

*203 W Hillcrest Dr  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$250.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*10/31/  
2013*

Full name of contributor

☐ out-of-state PAC (ID# \_\_\_\_\_)

*Ronald B Jager*

Contributor address; City; State; Zip Code

*626 W San Antonio St  
San Marcos, TX 78666*

Amount of contribution (\$)

*\$100.00*

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

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# **POLITICAL CONTRIBUTIONS OTHER THAN PLEDGES OR LOANS**

## **SCHEDULE A**

The Instruction Guide explains how to complete this form.

1 Total pages Schedule A: **3**

2 FILER NAME

*Mrs Lisa Carpenter Prewitt*

3 ACCOUNT # (Ethics Commission Filers)

4 Date

*11/5/2013*

5 Full name of contributor

☐ out-of-state PAC (ID#)

*San Marcos Neighborhood PAC*

7 Amount of contribution (\$)

*\$200.00*

8 In-kind contribution description (if applicable)

6 Contributor address; City; State; Zip Code

*N.O. Box 505  
San Marcos, TX 78666*

(If travel outside of Texas, complete Schedule T)

9 Principal occupation / Job title (See Instructions)

10 Employer (See Instructions)

Date

*12/12/2013*

Full name of contributor

☐ out-of-state PAC (ID#)

*Paul Murray*

Amount of contribution (\$)

*\$20.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*102 Barclay  
San Marcos, TX 78666*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

*12/12/2013*

Full name of contributor

☐ out-of-state PAC (ID#)

*Tom Waschenich*

Amount of contribution (\$)

*\$90.00*

In-kind contribution description (if applicable)

Contributor address; City; State; Zip Code

*11 Tanglewood Tr  
San Marcos, TX 78666*

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

Date

Full name of contributor

☐ out-of-state PAC (ID#)

Contributor address; City; State; Zip Code

Amount of contribution (\$)

In-kind contribution description (if applicable)

(If travel outside of Texas, complete Schedule T)

Principal occupation / Job title (See Instructions)

Employer (See Instructions)

**ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED**

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

1 Total pages Schedule F: <b>2</b>		2 FILER NAME <b>Mrs. Lisa Carpenter Prewitt</b>		3 ACCOUNT # (Ethics Commission Filers)	
4 Date <b>10/28/2013</b>		5 Payee name <b>Super Cheap Signs</b>			
6 Amount (\$) <b>\$173.03</b>		7 Payee address; City; State; Zip Code <b>9804 Gray Blvd., Austin, TX 78758</b>			
8 PURPOSE OF EXPENDITURE		(a) Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		(b) Description (If travel outside of Texas, complete Schedule T) <b>Signs</b>	
9 Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>10/30/2013</b>		Payee name <b>Paragon Printing</b>			
Amount (\$) <b>\$1,936.09</b>		Payee address; City; State; Zip Code <b>10423 McKalla Pl., Austin, TX 78758</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Mail out</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/1/2013</b>		Payee name <b>San Marcos Daily Record</b>			
Amount (\$) <b>\$654.00</b>		Payee address; City; State; Zip Code <b>1910 IH 35 S, San Marcos, TX 76866</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Newspaper Ad</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	
Date <b>11/7/2013</b>		Payee name <b>Facebook, Inc</b>			
Amount (\$) <b>\$299.88</b>		Payee address; City; State; Zip Code <b>1601 Willow Rd Menlo Park, CA 94025</b>			
PURPOSE OF EXPENDITURE		Category (See categories listed at the top of this schedule) <b>Advertising Expense</b>		Description (If travel outside of Texas, complete Schedule T) <b>Online Ads</b>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

**POLITICAL EXPENDITURES****SCHEDULE F****EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense	Gift/Awards/Memorials Expense	Salaries/Wages/Contract Labor	Loan Repayment/Reimbursement
Accounting/Banking	Legal Services	Solicitation/Fundraising Expense	Transportation Equipment & Related Expense
Consulting Expense	Food/Beverage Expense	Travel In District	Contributions/Donations Made By
Event Expense	Polling Expense	Travel Out Of District	Candidate/Officeholder/Political Committee
Fees	Printing Expense	Office Overhead/Rental Expense	OTHER (enter a category not listed above)

The Instruction Guide explains how to complete this form.

<b>1</b> Total pages Schedule F: <u>2</u>		<b>2</b> FILER NAME <u>Mrs Lisa Carpenter Prewitt</u>		<b>3</b> ACCOUNT # (Ethics Commission Filers)	
<b>4</b> Date <u>12/29/2013</u>		<b>5</b> Payee name <u>Mrs Lisa Carpenter Prewitt</u>			
<b>6</b> Amount (\$) <u>\$320.00</u>		<b>7</b> Payee address; City; State; Zip Code <u>614 MAURY</u> <u>SAN MARCOS, TX 78666</u>			
<b>8</b> PURPOSE OF EXPENDITURE		<b>(a)</b> Category (See categories listed at the top of this schedule) <u>Reimbursement</u>		<b>(b)</b> Description (If travel outside of Texas, complete Schedule T) <u>Reimburse Sch. G 7/23/2013</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b> <u>12/13/2013</u>		<b>Payee name</b> <u>Tom Waschenich</u>			
<b>Amount (\$)</b> <u>\$546.56</u>		<b>Payee address; City; State; Zip Code</b> <u>11 Tanglewood Tr</u> <u>San Marcos, TX 78666</u>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule) <u>Loan Repayment</u>		<b>Description</b> (If travel outside of Texas, complete Schedule T) <u>Partial Reimbursement Sch E 10/25/2013</u>	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address; City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	
<b>Date</b>		<b>Payee name</b>			
<b>Amount (\$)</b>		<b>Payee address; City; State; Zip Code</b>			
<b>PURPOSE OF EXPENDITURE</b>		<b>Category</b> (See categories listed at the top of this schedule)		<b>Description</b> (If travel outside of Texas, complete Schedule T)	
Complete <u>ONLY</u> if direct expenditure to benefit C/OH		Candidate / Officeholder name		Office sought      Office held	

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

## **SCHEDULE G**

### **EXPENDITURE CATEGORIES FOR BOX 8(a)**

Advertising Expense  
Accounting/Banking  
Consulting Expense  
Event Expense  
Fees

Gift/Awards/Memorials Expense  
Legal Services  
Food/Beverage Expense  
Polling Expense  
Printing Expense

Salaries/Wages/Contract Labor  
Solicitation/Fundraising Expense  
Travel In District  
Travel Out Of District  
Office Overhead/Rental Expense

Loan Repayment/Reimbursement  
Transportation Equipment & Related Expense  
Contributions/Donations Made By  
Candidate/Officeholder/Political Committee  
OTHER (enter a category not listed above)

The instruction Guide explains how to complete this form.

1 Total pages Schedule G: <b>1</b>	2 FILER NAME <b>Mrs. Lisa Carpenter Prewitt</b>	3 ACCOUNT # (Ethics Commission Filers)
4 Date <b>12/30/2013</b>	5 Payee name <b>Susan Sargent</b>	
6 Amount (\$) <b>\$187.50</b> <input checked="" type="checkbox"/> Reimbursement from political contributions intended	7 Payee address; City; State; Zip Code <b>1901 W 36th ST Austin, TX 78731</b>	
8 PURPOSE OF EXPENDITURE	(a) Category (See categories listed at the top of this schedule) <b>Consulting Expense</b>	(b) Description (If travel outside of Texas, complete Schedule T) <b>Consultation on Ad Log</b>
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)
Date	Payee name	
Amount (\$) <input type="checkbox"/> Reimbursement from political contributions intended	Payee address; City; State; Zip Code	
PURPOSE OF EXPENDITURE	Category (See categories listed at the top of this schedule)	Description (If travel outside of Texas, complete Schedule T)

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